

THE CITY OF ANNA APPLICATION FOR EMPLOYMENT

For Department Use Only

Job Applicant No _____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. The City of Anna is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must have an original signature. Resumes will not be accepted in lieu of applications.** Unless specifically stated in the job vacancy notice, resumes are not accepted by most City Departments. This application becomes public record and is subject to disclosure.

NAME _____ Social Security No. _____
(Last) (First) (Middle)

MAILING ADDRESS (Current) _____ AC (____) _____
(Street) (City) (State) (zip) (Daytime Phone)

List any other names used if different from name given on this application _____

LIST EXACT TITLE OF POSITION OR TYPE OF WORK FOR WHICH YOU WISH TO APPLY:	JOB POSTING NO. (If applicable)
LIST THE DEPARTMENT WITH WHICH YOU WISH TO APPLY:	

Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Date available for work _____

Are you willing to work hours other than 8-5? Yes ☐ No ☐ Are you willing to work days other than Monday-Friday? Yes ☐ No ☐

Are you willing to travel? Yes ☐ No ☐ If yes, what percent of time? _____

Driver's License (if required for this position) _____ Class A ☐ Class B ☐ Class C ☐ Class M ☐
(state) (Number)

Are you at least 17 years of age? Yes ☐ No ☐ Class A Commercial ☐ Class B Commercial ☐
Class C Commercial ☐ Class M Commercial ☐

Have you ever been convicted of a felony? Yes ☐ No ☐ If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors and deferred adjudication.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes ☐ No ☐

Type of School	Name and Location of School	Dates Attended				Sem./Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
		From		To			Yes	No			
		Mo	Yr.	Mo	Yr.						
Undergraduate Colleges or Universities											
Graduate Schools											
Technical, Vocational, or Business Schools											

Date Received _____ Time Received _____ Received by _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., RN., Attorney, C.P.A., etc.)	Date Issued	Issued by (State or other authority)	License No.	Location of Issuing Authority (city & state)

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc. _____

Approximate Words Per Minute in Typing _____ (if required for this position)

Sign Language (if required for this position) Yes ☐ No ☐ Are you a certified interpreter? Yes ☐ No ☐

Do you speak a language other than English? (if required for this position) Yes ☐ No ☐

If yes, what language(s) do you speak? _____ How fluently? Fair ☐ Good ☐ Excellent ☐

Have you ever been employed by a local government? Yes ☐ No ☐

If you have been previously employed by a local government, list the city/department. _____

Have you ever retired from any Government position? Yes ☐ No ☐

Do you have any relatives working for this city? Yes ☐ No ☐ If yes, list the names, relationships, city where employed. _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Dates of Service (From/To) _____

Are you a surviving spouse or orphan of a veteran? Yes ☐ No ☐

If yes, complete dates of service for veteran.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that some departments will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand an employment relationship with this City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. This relationship can not be changed except by official action of the Anna City Council at a public meeting.

THIS APPLICATION MUST BE SIGNED

SIGN
HERE:

Signature-Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experiences should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first position.
2. Employment history should include **each position** held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name _____
Last Name
First Name
Middle Name
Social Security No.

Position Title: Employer: Mailing Address: City and State/Zip: Employer's Telephone No: AC ()						Immediate Supervisor Name _____ Title _____ Supervisor's Telephone No. _____		Full- Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average number of hours worked per week if part-time _____															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Starting Date</th> <th colspan="3">Leaving Date</th> <th rowspan="2">Current/ Final Salary</th> <th rowspan="2"> Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> </th> </tr> <tr> <th>Mo.</th><th>Day</th><th>Yr.</th> <th>Mo.</th><th>Day</th><th>Yr.</th> </tr> </table>						Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	Mo.	Day	Yr.	Mo.	Day	Yr.	AC () If supervisory, number of employees you supervised _____			
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Summary of experience:

Specific reason for leaving:

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APPLICANT EEO DATA FORM

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Title applied for	2. Social Security No.	3. Name (type or print) Last	First	Middle
4. Address		City	State	Zip Code
		5. Phone Number		
		AC ()		
6. Sex	7. Birthdate	8. Ethnic Origin (Check preferred)		
<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female		<input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> Asian/Pac. P-Islander <input type="checkbox"/> Am.Ind./I-Alaskan <input type="checkbox"/> O-Other		
9. How did you find out about this job?				
<input type="checkbox"/> 01-Other City Employee	<input type="checkbox"/> 05-Newspaper	<input type="checkbox"/> 09-Texas Workforce Commission		
	Name of newspaper			
<input type="checkbox"/> 02-Job Fair	<input type="checkbox"/> 06- College/University Career Day	<input type="checkbox"/> 1 O-Other (specify)		
<input type="checkbox"/> 03-Professional Publication	<input type="checkbox"/> 07- Local Job Bank			
<input type="checkbox"/> 04-Recruitment Poster	<input type="checkbox"/> 08-Human Resource Services/Personnel Office			

X

Signature - Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER